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POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services

Authority Board Minutes Dated: October 22, 1986

Effective Date: November 19, 1986

Approved by Board Chairman: s/James C. Windsor

References House Joint Resolution No. 9, 1980

House Joint Resolution No. 85, 1986 Senate Joint Resolution No. 60, 1986

§§ 37.2-500 and 37.2-601 of the Code of Virginia (1950), as amended STATE BOARD POLICY 1035 (SYS) 05-2 Single Point of Entry and Case

Management Services

STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement

Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System, 2005

Current Comprehensive State Plan for Mental Health, Mental Retardation, and

Substance Abuse Services

Background

The General Assembly, in House Joint Resolution 9, declared that it is the policy of the Commonwealth to establish, maintain, and support the development of an effective system of appropriate treatment, training, and care for individuals with mental illnesses, mental retardation, health or substance use (alcohol or other drug dependence or abuse) disorders , intellectual disability, or co-occurring disorders. The legislature further stated, as the basic principle for this statewide system, that treatment, training, and care shall be provided in the least restrictive environment with careful consideration of the unique needs and circumstances of each person. In this background, summaries of the references are updated to reflect people first language and current terminology, such as using substance use disorder instead of substance abuse to refer to a condition that a person has, while using substance abuse to refer to the services used to treat the disorder, and using intellectual disability and developmental services.

Background (continued)

The General Assembly maintained its commitment to this policy goal six years later in House Joint Resolution 85 and Senate Joint Resolution 60. Both resolutions establish as the policy goal of the Commonwealth the development of a comprehensive community-based system for serving individuals with mental illnesses, mental retardation, health or substance use disorders, intellectual disability, or co-occurring disorders. These resolutions also state that accountability for the provision of all services, inpatient and outpatient, to these individuals should be transferred ultimately to local community services boards.

Sections 37.2-500 and 37.2-601 of the Code of Virginia continue and reinforce the historic support by the General Assembly for this policy goal. These sections state that, in order to provide comprehensive mental health, mental retardation developmental, and substance abuse services within a continuum of care, the community services board or behavioral health authority (, hereafter referred to as CSBs), shall function as the single point of entry into publicly funded mental health, mental retardation developmental, and substance abuse services.

STATE BOARD POLICY 1035 recognizes and supports the role of CSBs as the single points of entry into publicly funded mental health, mental retardation developmental, and substance abuse services. The policy states that CSBs, as the single points of entry, shall be responsible for managing the treatment, habilitation, or support services of individuals with mental illnesses, mental retardation, health or substance use disorders, intellectual disability, or cooccurring disorders. CSBs also shall have the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services.

STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of this comprehensive, consumer—individually focused, and community-based public mental health, mental retardation developmental, and substance abuse services system. The vision is of a consumer—driven system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

The *Integrated Strategic Plan* and the *Comprehensive State Plan* describe the actions that need to be taken to implement this comprehensive, statewide, consumer individually focused, and community-based system of services and supports.

Purpose

To recognize, support, and reinforce the policy goal of the Commonwealth, set forth by the General Assembly, for a comprehensive, community-based system of mental health, developmental, and substance abuse services.

Policy

It is the policy of the Board to support the policy goal of the Commonwealth, set forth by the General Assembly in legislation and statute, through the development and maintenance of a comprehensive, eonsumer-individually focused, and community-based system of treatment and habilitation services and supports for individuals with mental illnesses, mental retardation, health or substance use disorders, intellectual disability, or co-occurring disorders. The development and maintenance of this system shall be guided by the vision statement articulated in STATE BOARD POLICY 1036, including the principles of inclusion, participation, and partnership, and by the *Integrated Strategic Plan* and the *Comprehensive State Plan*.

Further, it is the policy of the Board that CSBs shall be responsible for the continuity of all publicly funded services, including inpatient services <u>provided by state hospitals and training centers and local inpatient psychiatric services purchased or arranged by CSBs</u>, <u>provided to received by individuals with mental illnesses, mental retardation, health</u> or substance use <u>disorders, intellectual disability, or co-occurring</u> disorders <u>served by CSBs</u>. STATE BOARD POLICY 1035 describes this responsibility in more detail.

Finally, it is the policy of the Board that the Department shall provide the direction, technical assistance, monitoring, and evaluation that will ensure uniform and effective standards for and delivery of services to meet the needs of individuals with mental illnesses, mental retardation, health or substance use disorders, intellectual disability, or co-occurring disorders.